

PATENT APPLICATION SERIAL NO. 10/525162

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
Fee Record Sheet

03/01/2005 SNAJARRO 00000069 230650 10525162

01 FC:1631 300.00 OP
02 FC:1632 500.00 OP
03 FC:1633 60.00 DA 140.00 OP

Adjustment date: 06/06/2005 LHUNTER
03/01/2005 SNAJARRO 00000069 10525162
02 FC:1632 -500.00 OP

06/06/2005 LHUNTER 00000001 230650 10525162
01 FC:1642 400.00 DA

PTO-1556
(5/87)

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>6-3-05</u>		2 Serial/Patent # <u>D 3025162</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input type="checkbox"/> Filing			\$
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$ <u>100.00</u>
		7 TOTAL AMOUNT OF REFUND	\$ <u>100.00</u>
		8 TO BE REFUNDED BY:	
<input type="checkbox"/> Overpayment		Treasury Check	
<input type="checkbox"/> Duplicate Payment		Credit Deposit A/C #:	<u>9 23 -- 0650</u>
10 REASON:		11 REFUND REQUESTED BY:	
<input checked="" type="checkbox"/> Overpayment		<input type="checkbox"/> TYPED/PRINTED NAME: <u>Robert Hunter</u>	
<input type="checkbox"/> Duplicate Payment		TITLE: <u>(PLA)gn)</u>	
No Fee Due (Explanation):		PHONE: <u>308-9140 x201</u>	
OFFICE: ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B